

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213509842					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Professionals Reaching Out to the Community(PROC) Foundation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN C IVINS JR HIRSCHLER FLEISCHER A PROFESSIONAL CORP 2100 EAST CARY STREET RICHMOND, VA 23223</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2013</p> <p>SCC ID NO: 04796512</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O BOX 6322</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23230-0322</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ROSLYN RIKARD TITLE: SECRETARY ADDRESS: 4936 11TH STREET NE CITY/ST/ZIP/CO: WASHINGTON, DC 20017 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROSLYN RIKARD TITLE: SECRETARY ADDRESS: 4936 11TH STREET NE CITY/ST/ZIP/CO: WASHINGTON, DC 20017	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CHARMAYNE B. VINCENT TITLE: VICE CHAIRMAN ADDRESS: 5212 VINTNER DRIVE CITY/ST/ZIP/CO: #205 RICHMOND, VA 23234	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME:	DARA J. D. HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	251 ROCKETTS WAY		
CITY/ST/ZIP/CO:	#208 RICHMOND, VA 23231		
NAME:	SHONDA HARRIS-MUHAMMAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 NORTH AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23222		
NAME:	VALENCIA S. HICKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Financial Sec.		
ADDRESS:	9570 KIMBERLY LYNN CIRCLE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23230		
NAME:	CHERYL N. IVEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	608 WILMER AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23227		
NAME:	LAVONNE MACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5600 KOUFAX DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23234		
NAME:	JANET MCCATTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2605 LAMPWORTH ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		
NAME:	TERRY MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14002 TRAILTOP TERRACE		
CITY/ST/ZIP/CO:	COLONIAL HEIGHTS, VA 23834		
NAME:	QUAN MYLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8712 CORCORAN PLACE		
CITY/ST/ZIP/CO:	CHESTER, VA 23832		
NAME:	ERNESTINE SCOTT, ED.D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12214 SYLVAN RIDGE PLACE		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23838		
NAME:	DARLENE SIMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5111 MONZA COURT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23234		
NAME:	LINDA WADE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12397 GLEN CARRIE ROAD		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN WALKER DIRECTOR 1475 BROWNLEAF DRIVE RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY WARREN DIRECTOR 439 HOLLYBROOK RIDGE LANE RICHMOND, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HOPE M. VAUGHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOPE M. VAUGHAN, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	2/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			